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# Panchayat Raj System and Rural Sanitation from Pakkanadu Gram Panchayat of Salem District in Tamil Nadu

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***Abstract***

*Good health can substantially reduce the rates of morbidity and the severity of various diseases and improve the quality of life of huge numbers of people, particularly women and children. Worldwide 2.6 billion people lack of adequate sanitation and it contributes to about 10 percent of global disease burden, causing mainly diarrhoeal diseases. Therefore, adequate sanitation with good hygiene and safe water are fundamental to good health and to economic and social development. In 2002, sanitation was included in the Millennium Development Goals (MDGs) and specifically within MDG 7 (Ensure Environmental Sustainability), Target C, which sets the aim of having by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. In developing countries like India, 57 percent of households do not have toilets and in particular of Tamil Nadu it was at 52 percent. In India, local government institutions and civil societies play important role in rural development and they are responsible for transforming the socio-economic features of the Indian villages. The central and state governments are implementing more number of schemes like National Rural Health Mission (NRHM), Total Sanitation Campaign (TSC) and so on to protect child and women's health. Therefore, both governments to give reward for full achievement of gram panchayats like Nirmal Gram Puraskar (NGP) and reward upto Rs. 10 lakhs. At the state government level, Tamil Nadu gives award for Clean Village Campaign (CVC) and the reward is Rs. 5 lakhs. The present study focuses on the current status of gram panchayats which maintain full coverage of clean water and good sanitation. Therefore the present paper contains the need and importance of the study, literature review, objectives of the study, methodology, general observation, evolution of panchayat raj, rural sanitation etc., An attempt is made, to study the panchayat raj system and rural sanitation in general and particular to study the Pakkanadu Gram Panchayat (GP) of Idappadi block in Salem district, Tamil Nadu. This gram panchayat received the central government award of NGP in 2008 and the state government award of CVC in 2011.*

***Keywords:*** *Ensure Environmental Sustainability, Millennium Development Goals, sanitation, Total Sanitation Campaign, National Rural Health Mission*

**Introduction**

In India, local government institutions and civil societies play important role in rural development and they are responsible for transforming the socio-economic features of the Indian villages. More than 600 billion people are open defecation in India; they are easy to affect diseases like diarrhea, malaria, illness and ailments in children and worm infestation. Health is an important factor to improve the good quality of life of the people in this context the central and state governments are implementing more number of schemes like Total Sanitation Campaign (TSC) in 1999 with the goal of achieving universal rural sanitation coverage by 2012. The responsibility for delivering on programmed goals rests with local governments (Panchayati Raj Institutions-PRIs) with significant involvement of local communities. The state and central governments have a facilitating role that takes the form of framing, enabling policies, providing financial and capacity-building support and monitoring the progress. To give a fillip to the TSC, the government introduced an innovative incentive programme known as Nirmal Gram Puraskar (NGP) in 2003 with a cash prize to motivate Gram Panchayats (GPs) to achieve total sanitation. The unit of cost structure of the construction of individual household latrines has been increased to Rs.2000 (Rs.3000 for hilly and difficult areas) from the earlier Rs.1500. In addition, the NGP is an attractive incentive as winners are felicitated by the President of India at the national level and by high-ranking dignitaries at the state level (Rajendran and Rajasekaran, 2012). In the case of Tamil Nadu the Community Village Campaign (CVC) was launched in 2003 with a cash prize to motivate GPs to achieve total sanitation.

**Panchayat Raj in India**

The term panchayt raj is relatively new, having originated during the British administration. Raj literally means governance or government. Mahatma Gandhi advocated Panchayati Raj, a decentralized form of government where each village is responsible for its own affairs, as the foundation of India's political system. His term for such a vision was "Gram Swaraj or Village Self-Governance". It was adopted by central governments during the 1950s and 60s as laws were passed to establish panchayats in various states. It also found backing in the Indian Constitution, with the 73$^{rd}$ amendment in 1992 to accommodate the idea. The Amendment Act of 1922 contains provision for devolution of powers and responsibilities to the panchayats to both for preparation of plans for economic development and social justice and for implementation in relation to 29 subjects listed in the eleventh schedule of the constitution. The panchayats receive funds from three sources ie, local body grants, as recommended by the Central Finance Commission, funds for implementation of centrally-sponsored schemes and funds released by the state governments on the recommendations of the State Finance Commissions.

**Panchayat and Rural Sanitation**

PRIs in promote the sustainable sanitation facilities through awareness creation and health education. The role of PRIs has become very much dominant in the execution of the programme and the institutions involved in different levels are the Zilla parishad, the directorate of PR, Taluk/Block Panchayat/Block Development Office and the village panchayat/GP.

**Review of Literature**

Planning Commission (2013) reported that the sanitation coverage and extension of sanitation services is necessary but not improvement in hygienic behavior and an overall feeling of well-being. Adequate interventions may be required at each level to ensure that the larger benefits of improved sanitation behavior percolate to each and every member of the community, for improved quality of life and a sense of general well-being.

Rajendran and Rajasekaran (2013) analyzed micro level information from Salem and Thanjavur districts of Tamil Nadu. This study was concluded that the people don't know the importance of toilets and not have adequate awareness. So, government should create awareness programmes for people. At the same time, NGP is one of the good instruments to provide sanitation facilities in rural areas, government offering Rs. 3000 to construct a toilet but people need to increase at least Rs. 10,000.

Balchand (2012) highlighted that the centre plans to remove the distinction between Below Poverty Line (BPL) and Above Poverty Line (APL) and bring all the needy under the TSC. It would be renamed as "Nirmal Bharat Abhiyan" to send home the message that its implementation would be a people's movement rather than a bureaucratic programme.

Maharabushanam (2012) pointed out that all the headmasters to rope in their students and remove plastics and safe water in their areas and ensure proper sanitation. The government was giving Rs. 4, 200 for construction of toilets in each housed and students should take initiatives for constructing toilets in their houses. Students involving in these activities would pave way for wholesome development of their personality.

**Importance of the study**

Good health can substantially reduce the rates of morbidity and the severity of various diseases and improve the quality of life of huge numbers of people, particularly women and children. Worldwide 2.6 billion people lack of adequate sanitation and it contributes to about 10 percent of global disease burden, causing mainly diarrhoeal diseases. Therefore, adequate sanitation with good hygiene and safe water are fundamental to good health and to economic and social development. In 2002, sanitation was included in the Millennium Development Goals (MDGs) and specifically within MDG 7 (Ensure Environmental Sustainability), Target C, which sets the aim of having by 2015, the

proportion of people without sustainable access to safe drinking water and basic sanitation. In developing countries like India, 57 percent (more than 600 billion people) of households do not have toilets and in particular of Tamil Nadu it was at 52 percent. Therefore, both central and state government provide scheme to create open defecation free villages in the form of rewards like NGP and CVC. But the question is whether they are maintaining that properly or not. Therefore the present study with an objective of to study the current status of GP which maintains full coverage of clean water and good sanitation in Pakkanadu of Salem district in Tamil Nadu.

**Methodology**

This study is based on both primary and secondary sources. It is largely based on primary sources; this source randomly collected from 30 sample households at 2 percent level. Interview schedule was used only for public of the Pakkanadu GP in Idappadi block of Salem district in Tamil Nadu. The secondary sources collected from government of Tamil Nadu records, gram panchayat records and websites. Simple statistical tool used like percentage.

**Profile**

Pakkanadu GP is located in Idappadi block. Pakkanadu GP received the central government award of NGP in 2008 and the state government award of Clean Village Campaign (CVC) in 2011. The area of the village is 3,123.09 hectares. There are 1,546 households are available. Total populations like 5,614, males are 3,065 and females are 2,549. There were 4 primary schools, one middle school and one maternity and child welfare centre is available. Health centre like one primary and one primary health sub centre are available. One agriculture credit society and two non agricultural credit societies are available. Total irrigated area are 448.61 and unirrigated area 1429.69.

**Result and Discussion**

The following section discusses the both secondary and primary sources. The secondary sources like that the status of Nirmal Gram Puraskar awarded in 2008, Pakkanadu GP and status of achievement in Pakkanadu GP**.** The primary sources like general and socio-economic information of the sample households and status of water and toilets facilities of the sample households:

**Table – 1: Status of Nirmal Gram Puraskar Awarded in 2008, Pakkanadu GP**

| Components | With Toilets | Without Toilets | Total |
|---|---|---|---|
| Total BPL HH* | 696 (56.35) | 539 (43.64) | 1235(100) |
| Total APL HH* | 107 (32.52) | 222 (67.48) | 329(100) |
| Total Household | 803 (51.34) | 761 (48.66) | 1564(100) |
| Total Schools | 0 | 5 (100) | 5(100) |
| Total Anganwadi | 0 | 3(100) | 3(100) |

*Source:* www.tsc.gov.in

*Note: *HH - Household, BPL - Below Poverty Line, APL - Above Poverty Line, HH - Household, Figures in parentheses indicate percentages.*

The above table – 1 enumerates the status of NGP awarded in 2008 (Pakkanadu GP) in Iddapadi block. Among 51 percent of household have toilets remaining are not have toilets. In BPL households are 56.35 percent have toilets and 43.64 percent are not having toilets in their home. But in the case of APL households 67.48 percent are not having toilets only 32 percent of the households have toilets. There is no any toilets facility in schools and anganwadies. The following table – 2 denotes that the status of achievement in Pakkanadu GP.

**Table – 2: Status of achievement in Pakkanadu GP in 2008**

| Components | Target | Achievements | Percentage |
|---|---|---|---|
| IHHL BPL* | 539 | 646 | 199.85 |
| IHHL APL* | 222 | 266 | 199.81 |
| Total Household | 761 | 912 | 199.84 |
| Total Schools | 5 | 5 | 100 |
| Total Anganwadies | 3 | 3 | 100 |

*Source:* www.tsc.gov.in

*Note: * IHHL - Individual Household Latrine, BPL - Below Poverty Line, APL - Above Poverty Line.*

It is observed from the above table – 2 that, status of achievement in Pakkanadu GP in 2008. The achievement of constructing toilets is more than century level in their BPL and APL households. But the field observation shows that people are fairly indifferent towards using toilets in Pakkanadu GP. Schools and anganwadies are also achieved 100 percent level. Very notably, there is no any community sanitary complex in their village.

**Sex and the Age group of the Sample households**

The following table -3 comprise sex of the sample households there were 60 percent are female and 40 percent are male. The highest numbers of sample households are within 26 – 32 years age group which formed 36.7 percent. The second highest numbers of sample households are within 33-40 years of age group which is 33.3 percent. The least number of sample households are above 41 years of age group are 10 percent.

**Table – 3: General and Socio-Economic information of the sample households**

| Characteristics | Frequency | Percent |
|---|---|---|
| **Sex of the sample households (N= 30)** | | |
| Male | 12 | 40 |
| Female | 18 | 60 |
| **Age group of the sample households (N=30)** | | |
| 18-25 years | 6 | 20 |
| 26-32 years | 11 | 36.7 |
| 33-40 years | 10 | 33.3 |
| 41 and above | 3 | 10 |
| **Educational level of the sample households (N=30)** | | |
| Illiterate | 16 | 53.3 |
| Primary | 8 | 26.7 |
| Secondary | 6 | 20 |
| **Occupation of the sample households (N=30)** | | |
| Agriculture | 9 | 30 |
| Agriculture labour | 17 | 56.7 |
| Others* | 4 | 13.3 |
| **Family type of the sample households (N= 30)** | | |
| Joint | 21 | 70 |
| Nuclear | 9 | 30 |
| **Number of children of the sample households (N=30)** | | |
| One | 5 | 16.6 |
| Two | 17 | 56.7 |
| Three | 8 | 26.7 |
| **Family size of the sample households (N=30)** | | |
| Three | 4 | 13.3 |
| Four | 16 | 53.3 |
| Five | 2 | 6.7 |
| Six and above | 8 | 26.7 |
| **Number of earning members in the family of the sample households (N=30)** | | |
| One | 17 | 56.7 |
| Two | 9 | 30 |
| Three | 4 | 13.3 |
| **Monthly income of the sample households (N=30)** | | |
| Below Rs. 5000 | 17 | 56.7 |
| Rs. 5001- Rs.10000 | 10 | 33.3 |
| Above Rs. 10001 | 3 | 10 |

*Source: primary data, Note: Others * - powerloom, stone cutters etc.*

**Educational Level**

Majority of sample households are illiterate with a percent of 53.3. The highest number of sample households had educated up to primary which is 26.7 percent. The least number of sample households had educated up to secondary which has formed 20 percentages. Finally, it is concluded that most of the sample households are illiterate and no one sample households are go at higher secondary.

**Occupational Structure**

There are 56.7 percent of the sample households who are doing their daily wages as agriculture labour and 30 percent of sample households are cultivating (Agriculture) their land. The little number of sample households are engaged some other works like go to powerloom weavers, stone cutters etc., they are 13.3 percent because they don't know any other works.

**Family Type**

The highest number of sample household's family live in the joint family system. They are 70 percent whereas only 30 percent of sample households live in nuclear family system. This is in tune with normal family system in India.

**Number of Children**

The above table includes number of children of the sample households, there are 56.7 percent of sample households had two children. The second highest number of sample households had only three children. They had formed a percent of 26.7. The least number of sample households who had formed a percent of 16.6 had one child.

**Family Size**

There were highly 53.3 percent of sample households have four members in their family. Then 26.7 percent of sample households have above six members in their family, 13.3 percent of sample households have three members in their family and only 6.7 percent of sample households have five members in their family.

**Earning Members of the Sample Households**

The above table includes number of earning members in the family of the sample households. The highest numbers of sample households have only one earning member in their family. They are 56.7 percent, 30 percent of sample households have two earning members in their family and only 13.3 percent of sample households have three earning members in their family.

**Monthly Income**

The highest numbers of sample households are earned below Rs. 5000 are 56.7 percent. The second highest number of sample households earn within Rs. 5001 – Rs. 10000. They are 33.3 percent. The least number of sample households earn above Rs. 10001 per month. They have a formed a percent of 10. The following table-4 denotes that the status of water and toilets facilities of the sample households;

**Table – 4: Status of Water and Toilets facilities of the Sample households**

| Particulars | Available | Shared* | Not available | Total | Common** | Used | Not used | Open | Total |
|---|---|---|---|---|---|---|---|---|---|
| Water facilities | 30 (100) | - | - | 30 (100) | 30 (100) | | - | - | 30 (100) |
| Toilets facilities | 8 (26.7) | 2 (6.7) | 20 (66.6) | 30 (100) | - | 10 (33.3) | - | 20 (66.7) | 30 (100) |
| Rain water harvest | 2 (6.7) | - | 28 (93.3) | 30 (100) | - | 2 (6.7) | - | 28 (93.3) | 30 (100) |
| Soap (hand wash)# | 30 (100) | - | - | 30 (100) | - | 8 (26.7) | 22 (73.3) | - | 30 (100) |
| Dustbin | - | - | 30 (100) | 30 (100) | 6 (20) | - | - | 24 (80) | 30 (100) |

*Note: Shared* - used relatives/friends toilets etc., common** - public tap water, tube well, hand pump etc., Community Sanitary Complex and public dustbin, Soap (hand wash) # - after used toilet. Figures in parentheses indicate percentages.*

The above table - 4 indicates that the status of water and toilets facilities of the sample households in Pakkanadu GP. There were 100 percent of the samples households are have water facilities in their homes and also they are used public tap water, tube well, hand pump etc. at the field level observation many of the sample household waste the water in their home. The highest numbers of the sample households not have own toilets facilities. They are 66.6 percent. The second highest numbers of the sample households have toilets facilities. They are 26.7 percent. The least number of sample households share by toilets with relatives/friends etc. are 6.7 percent.

More than 60 percent of sample households are go to open defecation (this Pakkanadu GP awarded NGP in 2008 and CVC in 2011), they are not used toilets because cultural habits of the sample households additionally lack of awareness, illiteracy and so on. Notably, toilets available households' members are also go to open toilets. At the same time, field level observation like only 33.3 percents of the sample households are used toilets and there no any community sanitary complex (common) are in this GP.

The highest numbers of sample households not have rain water harvest. They are 93.3 percent. The least number of sample households have rain water harvest like 6.7

percent they are used that water for personal use like washed cloth, house, and bike etc. remaining they are not know about the important of the rain water at the same time they need proper guidance.

In this GP all people have soap they used only for bath. At the same time, the least number of sample households are hand wash after used toilets. They are 26.7 percent. The highest numbers of sample households are not wash hand after used toilets. This type of habit is to create the disease for people. So, local bodies and teacher create awareness for people.

Hundred percent of the sample households not have dust bin in their home. Only 20 percent of the sample households used common (public) dustbin remaining 80 percent of the sample households not used common (public) dustbin they put the wastages on their street, drainage etc. it's also spread the disease.

**Major Observations and Suggestions**

It is observed from the field level like water facilities are available at individual households but they are waste the water due to open place and they are also used public tap, tube well, handpump etc. government take steps to control the water wasting, in the way of equally distribute the water on the basics of family size.

At the same time, people are directly utilized drinking water (it is unsafe for human health), they are not using any water purified chemicals, and it is continue, diseases are easy to affect the people. So, government and panchayat representatives are take step to give the water purified chemicals.

Majority of the sample households are goes to open defecation, they are not used toilets because cultural habits of the sample households, additionally lack of awareness, illiteracy and so on. Notably, toilets facilities are available in households but that members are go to open place for toilets. In this type of activities there is not properly disposal of human excreta and improper environmental sanitation. Therefore, only solution to change the attitude of the people and their knowledge in the way of, to conduct the training programme for rural people, then creates the awareness of importance of the toilets.

The rain water harvest in the sample households is very poor. Some political reason the rain water harvest not continues properly in their Pakkanadu GP. So, try to continue the programme regularly.

Another important health issue, which sample households, is not follow cleanliness activities like they are not wash the hand after use toilets and not use dustbin. It is easy to spread the diseases for child and old age people. So, try to conduct various awareness programme for people and at the same time teacher to teach the children for safe water, hygiene and use dustbin activities compulsory. This type of action is to create the healthy and good young generation in the world.

**Conclusion**

Individual health and cleanliness is largely reliant on adequate availability of drinking water and proper sanitation in regular life. Therefore, there is a direct relationship between the water, sanitation and health. Consumption of unsafe drinking water, improper disposal of human excreta, improper environmental sanitation and lack of personal hygiene has been major causes of many diseases. There were many steps taken by the government to protect individual health but, the above field observation shows that people are fairly towards using toilets, water, soaps (hand wash), rain water harvest and dustbin notably, that Pakkanadu GP awarded NGP in 2008 and CVC in 2011. It brings that the government and grassroots level representatives are needs to must take care of their activities. At the same time, children are future generation so, teacher to teach the children for safe water, hygiene and use dustbin activities compulsory. This type of action is to create the vigorous and good young generation in the world which would create a bumper human resource stock.

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